CITY OF ATLANTA DEPARTMENT OF FINANCE – OFFICE OF REVENUE

55 Trinity Avenue SW, Suite 1350 Atlanta, GA 30303 404-330-6270

FINAL/CLOSE: FINAL REPORT/CLOSE BUSINESS FORM

Date: _____

indicate your bus NOTE:	your actual gross reviness in the City of A	enues and actual n Atlanta. Please inc close your busin	umber of employees flude a copy of your st	ou must submit this form. Pleator the period of time you operate tax return (i.e. GA Form 60 is an ownership change.	ted 00).
	ldress, along with you			of Atlanta Office of Revenue at on Certificate: (if it has not expire)	
* I	Business Tax Registra	ation Certificate Nu	mber:		
	Federal Tax ID Numb				
* I	Date Business Closed	:			
	Actual Amount of Revenue (dollar volume) for number of months in business generated in Georgia:				
	Number of (equivaler				
- - -				VE FINAL INFORMATION	
NAME: _					
MAILING ADDRESS:			TELEPHONE NUMBER:		
CITY:			STATE:	ZIP CODE:	
	nd subscribed before, 20	·			
NOTARY PU	JBLIC	_			
For Offic	ce Use Only	Return To:		Date:	